

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	/														
2		/						51							
3		/						52							
4		/						53							
5		/						54							
6		/						55							
7		/						56							
8		/						57							
9		/						58							
10	/							59							
11		/						60							
12		2						61							
13		2 1						62							
14		2 1						63							
15		2 1						64							
16		2 1						65							
17		2						66							
18		2						67							
19		2						68							
20		2						69							
21		2						70							
22		2						71							
23		2						72							
24		2						73							
25		2						74							
26	1							75							
27		1						76							
28	/							77							
29								78							
30								79							
31								80							
32								81							
33								82							
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41								90							
42								91							
43								92							
44								93							
45								94							
46								95							
47								96							
48								97							
49								98							
50								99							
								100							
TOTAL IND.	4							TOTAL IND.							
TOTAL DEP.	38							TOTAL DEP.							
TOTAL CLAIMS	42							TOTAL CLAIMS							